

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026180

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 897

FILED JUL 23 1962

## 1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Poplar Bluff

Length of stay in 1b

a. STATE

Ark.

b. COUNTY

Sharp

admission)

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS  
Route #1

Inside Limits  
Yes ☐ No ☐

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

MORRIS

Middle

(NMI)

Last

CASPER

## 4. DATE OF DEATH

May 21, 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
Unknown

9. AGE (last birthday)  
80

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer & Rancher

10b. KIND OF BUSINESS OR INDUSTRY  
Turkey

11. BIRTHPLACE (City and state or country)  
USA

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

17. INFORMANT Sheriff  
Ra y Martin A'h Flat, Ark.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident  
Cerebral Arteriosclerosis

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-20-62 to 5-21-62 and last saw him alive on 5-21-62

Death occurred at 3:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

David W. Miller M.D.

22b. ADDRESS

Poplar Bluff Ark.

22c. DATE SIGNED

7-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-22-62

23c. NAME OF CEMETERY OR CREMATORY

Cave City Cemetery

23d. LOCATION (City, town, or county)

Cave City, Sharp, Ark.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Emile Bellard Cave City, Ark.

25. DATE RECD. BY LOCAL REG.

7/16/1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

McGee Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edgar W. Laffoon  
Licensed Embalmer No. 3394

P. O. Address Poplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.